EXPRESS MAIL NO. EV530945453US

\triangleleft		Effective on 12/08/2004.			Complete if Known					
٦	Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Application	Application Number		10/788,649		
υſ	T 1 2005 FEE T	RANSMITTAL			Filing Date		February 27, 2004			
٦	for FY 2005			First Named Inventor		Thomas D. Madden				
1				Examiner Name		Gollamudi S. Kishore				
4	Applicant claims small entity status. See 37 CFR 1.27				Art Unit Attorney Do		1615			
		OTAL AMOUNT OF PAYMENT (\$)455					480208.408	D1		
-	METHOD OF PAYMENT (check all that apply)									
١	Check Credit Card Money Order Other (please identify):									
	Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC									
-	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee									
	☐ Charge any additional fee(s) or underpayments ☐ Charge any underpayments or credit any overpayments									
ł	of fee(s) under 37 CFR 1.16 and 1.17									
	Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
	FEE CALCULATION									
	1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
		1 FFFS		INATION EES						
		<u>Small En</u>		¥	Small Entity	L	Small Entity			
	Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (\$)	<u>l</u>	
	Utility	300	150	500	250	200	100		-	
	Design	200	100	100	50	130	65		-	
-	Provisional	200	100	0	0	0	0		-	
	2. EXCESS CLAIM FEES Small En									
-	Fee Description						<u> </u>	Fee (\$) Fee (\$ 50 25		
	Each claim over 20 (including Reissues) 50									
	Each independent claim over 3 (including Reissues) 200 10									
	Multiple dependent claims 360 18									
	<u>Total Claims</u>	Extra Clai		ee (\$)	Fee Paid	<u>(\$)</u>		Dependent Claim		
	<u>16</u> -20 or HP =	_	X	<u>o</u> =			<u>Fee (\$)</u>	Fee Paid (\$	9	
	HP = highest number									
	Indep. Claims	Extra Clai		ee (\$)	<u>Fee Paid</u>	<u>(\$)</u>				
	<u>3</u> -3 or HP =	<u>~</u>	X	<u>o</u> =						
	HP = highest number of independent claims paid for, if greater than 3									
	3. APPLICATION SIZE FEE									
	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
	-100 = /50 = (round up to a whole number) x									
	4. OTHER FEE(S) Fees Paid (\$									
	Non-English Specification, \$130 fee (no small entity discount)									
	Other (e.g., late filing surcharge):									
	RCE Filing Fee 395									
	Petition for One-Month Extension of Time 60									
-	SUBMITTED BY									
-	Simpatura		1,-	- Reg	istration No.	51 000	Tolonhana	206 622 4000		
-		awe	aluh		rney/Agent)	51,909	Telephone	206-622-4900		
	Name (Print/Type) Carol D. Laherty, Ph.D. Date October 11, 2005									
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